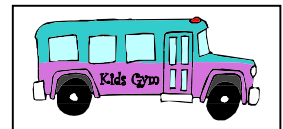


Student Information for the Flip and Fun Gym Bus

Last Name	Home Phone	Cell Phone	Street Address
First Name (Student 1)	Sex	DOB	City, State, Zip
First Name (Student 2)	Sex	DOB	e-mail address (for events notifications, closings, coupons)
First Name (Student 3)	Sex	DOB	
Mom's full name	Employer	Work Phone	Cell Phone
Dad's full name	Employer	Work Phone	Cell Phone
Name of Childcare Facility	Room	Teacher's Name	



Acknowledgement of Risk and Waiver of Liability

As legal guardian of _____, I hereby consent to the aforementioned person/s participating in Kids Gym classes and activities. I recognize the potentially severe injuries, including permanent paralysis or death can occur in any activity involving height or motion, including gymnastics and dance related activities.

I understand that it is the express intent of Kids Gym to provide for the safety and protection of my child and in consideration for allowing my child to use these facilities, I hereby forever release Kids Gym, its officers, employees, teachers, and coaches, from all liability for any and all damages and injuries suffered by my child while under the instruction, supervision, or control of Kids Gym.

As legal guardian of the aforementioned person, I hereby agree to individually provide for the possible future medical expenses which may be incurred by my child as a result of any injury sustained while training at, or performing for, Kids Gym. This acknowledgement of risk and waiver of liability, having been read thoroughly and understood completely, is signed voluntarily as to its content and intent.

Parent or Legal Guardian Signature

Date

Permission for Medical Treatment

I authorize Kids Gym to take the necessary steps regarding medical attention (I.e., administering first aid, calling emergency medical service, transporting to the hospital) and will allow authorities hospital staff to treat my child for any illness or injury he/she has sustained.

Please list any past injuries or current illnesses that may affect your child's abilities to participate in any or all activities on the Flip and Fun Gym Bus. Examples: broke R arm 2005, Asthma

Parent or Legal Guardian Signature

Date

I understand that I am registering for a full semester (September through December)

Kids Gym requires a 30 day written notice to terminate this contract.

Parent or Legal Guardian Signature

Date

Photo Release: Kids Gym may use photos taken of my child for publication purposes. Yes _____ No _____

Date	Payment History Method	Amount
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